

7425 8TH STREET NW
WASHINGTON, DC 20012

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
I 000	<p>INITIAL COMMENTS</p> <p>A follow up licensure survey, since clients have been admitted into this facility, was conducted from March 26, 2008 through March 27, 2008. A random sample of three clients was selected from a client population of six male clients with varying degrees of disabilities.</p> <p>The findings of this survey were based on observations at the group home and interview with the residential staff, and a review of the habilitation and administrative records to include the review of the facility incident management system.</p>	I 000		
I 047	<p>3502.5 MEAL SERVICE / DINING AREAS</p> <p>Each GHMRP shall be responsible for ensuring that meals, which are served away from the GHMRP, are suited to the dietary needs of residents as indicated in the Individual Habilitation Plan.</p> <p>This Statute is not met as evidenced by: Based on observation, staff interview and record verification, the facility failed to ensure that meals served in the GHMRP suited the residents dietary needs for one of the three residents in the sample. (Residents #1)</p> <p>The finding includes:</p> <p>Observation March 26, 2008 of the snack at approximately 4:40 PM, the direct care staff gave Resident #1 sliced banana and four whole vanilla wafers. Several minutes later a direct care staff was observed with a butter knife attempting to cut the vanilla wafer into smaller pieces.</p>	I 047	<p><u>1047</u> IN THE FUTURE ILS WILL ENSURE THAT ALL RESIDENTS DIETARY NEDDS ARE MET.</p>	5/5/08

If continuation sheet 1 of 14

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NAME OF PROVIDER OR SUPPLIER INNOVATIVE LIFE SOLUTIONS, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 7425 8TH STREET NW WASHINGTON, DC 20012		
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1047	<p>Continued From page 1</p> <p>Observation of the medication pass on March 26, 2008 at approximately 5:20 PM, revealed the medication nurse attempted to give Resident #1 his pill medication in a cup and the client was having difficulty getting the pills from the medication cup.</p> <p>Observation on March 27, 2008 at approximately 5:54 PM Resident #1 was served bite size texture for his meal which consisted of pork chops, scallop potatoes and broccoli.</p> <p>Interview with the nurse and the QMRP revealed that the resident was edentulous and was required to received his food in a chopped texture, and to receive his medication crushed.</p> <p>Review of the Individual Support Plan (ISP) and the review of the physician's order dated March 2008 indicated Resident #1's was prescribed a regular chopped texture diet. Additionally, the physician order indicated to "crush his medication during administration and give in applesauce".</p>	1047	<p>MODIFIED SWALLOWING STUDY WAS SCHEDULED WAS COMPLETED ON 4/08. THE RESULT WILL DETERMINES THE FOOD TEXTURE FOR CLIENT#1. CURRENTLY CLIENTS #1 RECEIVES CHOPPED TEXTURE PER PHYSICIAN' S ORDER. ONCE THE RESULT IS OUT ALL APPLICABLE DISCIPLINES ASSESSMENT WILL BE MODIFIED TO REFLECT THIS CHANGES. TRAINING WILL BE PROVIDE TO STAFF AND NURSES TO ENSURE CONSISTENCIES IN FOOD TEXTURE FOR CLIENT #1</p>	5/16/08	
1078	<p>3503.6 BEDROOMS AND BATHROOMS</p> <p>Closet space within the bedroom may be considered in calculating square foot minimums for bedrooms but shall be clearly divided for each resident.</p> <p>This Statute is not met as evidenced by: Based on observation and interview the GHMRP failed to ensure closet space was clearly defined for each resident.</p> <p>The finding includes:</p> <p>During the environmental walk-through on March</p>	1078	<p><u>1078</u> THE CLOSET SPACE WITHIN THE BEDROOM HAVE BEEN DIVIDED FOR EACH RESIDENT.</p> <p>IN THE NEAR FUTURE, ILS WILL ENSURE THAT THE CLOSET SPACE IS CLEARLY DEFINED FOR EACH RESIDENT.</p>	5/5/08	

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1078	Continued From page 2 27, 2008 at 10:30 PM revealed that Residents Client #4 and #6 clothing were stored in the same closet. Further observation revealed that clothing on hangers were not labeled and did not evidence a clear division of each client's personal clothing. Interview with the Residential Director and the Qualified Mental Retardation Professional revealed that a personal clothing inventory was completed for each resident when admitted into the facility. Residents #1, #3, and #4's personal clothing inventory was not available at the time of survey.	1078	THE CLOSET IN CLIENT # 4 AND #6 BEDROOM HAVE BEEN DIVIDED FOR EACH INDIVIDUAL PERSONAL CLOTHING AND ARE LABELLED. ILS WILL CONTINUE TO ENSURE THAT ALL CLOSETS IN ALL BEDROOMS ARE CLEARLY DIVIDED FOR EACH RESIDENTS PERSONAL CLOTHING AND ARE LABELLED. RESIDENT #1, #3 AND #4 PERSONAL CLOTHING INVENTORY WAS COMPLETED AND IS AVAILABLE IN THEIR RECORD. IN THE NEAR FUTURE ILS WILL ENSURE THAT ALL RESIDENTS PERSONAL CLOTHING ARE COMPLETED.	5/5/08
1090	3504.1 HOUSEKEEPING The interior and exterior of each GHMRP shall be maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors. This Statute is not met as evidenced by: Based on observations, the GHMRP failed to maintain a safe, clean, orderly, attractive facility free from dirt and rubbish. The findings include: During the home inspection conducted on March 27, 2008 at approximately 2:45 PM the following environmental deficiencies were observed: Internal 1. Resident #1 and Resident #2's bedroom closet door was missing the left door.	1090	<u>1090</u> IN THE NEAR FUTURE, ILS WILL ENSURE THAT THE FACILITY IS MAINTAINED IN A SAFE, CLEAN, ORDERLY ATTRACTIVE AND SANITARY MANNER. 1. RESIDENT #1 AND #2 BEDROOM CLOSET DOOR HAS BEEN REPAIRED IN 4/08.	5/5/08 5/5/08

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I 090	Continued From page 3 2. The dishwasher handle was loose and could not be closed securely. 3. The light fixture at the bottom of the basement stairs was not working. 4. The light fixtures outside of the basement bathroom were not working. 5. The basement storage area near the back door sliding door was broken, off track. External The metal landing from the kitchen egress was loose and observed to move when stepping on.	I 090	2. THE DISHWASHER HANDLE WILL BE FIX TO ENSURE THAT IT IS CLOSELY SECURED. 3. THE LIGHT FIXTURE AT THE BOTTOM OF THE BASEMENT STAIRS WAS FIXED IN 4/08. 4. THE LIGHT FIXTURES OUTSIDE OUTSIDE OF THE BASEMENT BATHROOM WAS FIXED IN 4/08. 5. THE BASEMENT STORAGE AREA NEAR THE BACK SLIDING DOOR WAS FIXED IN 4/08.	5/5/08
I 096	3504.7 HOUSEKEEPING No poisonous or hazardous agent shall be stored in a food preparation, storage or serving area. This Statute is not met as evidenced by: Observation and interview revealed that the GHMRP failed to ensure that caustic agents were not stored in the food preparation and serviced area The finding includes: During the environmental walk-through on March 27, 2008 at approximately 2:55 PM caustic agent were observed being stored in a food preparation area in a cabinet underneath the sink unlocked.	I 096	THE METAL LANDING FROM THE KITCHEN EGRESS WAS FIXED IN 4/08. <u>I096</u> THE CAUSTIC AGENT UNDERNEAT THE SINK HAVE REMOVED. THE CAUSTIC AGENT ARE KEPT IN THE CABINET LOCATED IN THE LAUNDRY WITH LOCK.	5/5/08
I 206	3509.6 PERSONNEL POLICIES Each employee, prior to employment and	I 206		

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I 206	<p>Continued From page 4</p> <p>annually thereafter, shall provide a physician ' s certification that a health inventory has been performed and that the employee ' s health status would allow him or her to perform the required duties.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure that each employee, prior to employment and annually thereafter, provided evidence of a physician's certification that documented a health inventory had been performed and that the employee's health status would allow him or her to perform their required duties.</p> <p>The findings include:</p> <p>Interview with the Program Coordinator and review of the GHMRP's personnel files on March 27, 2008 at 2:00 PM revealed the GHMRP failed to provide evidence that current health certificates were on file two (2) consultants (Physical Therapist and Podiatrist).</p>	I 206	<p><u>I206</u> ALL EMLOYEE AT THIS FACILITY NOW HAVE THERE HEALTHY CERTIFICATE. ILS HAS MODIFIED ITS EXISTENCE POLICY TO ENSURE TIMELY SUBMISSION OF HEALTH CERTIFICATE.</p>	5/5/08	
I 225	<p>3510.5(b) STAFF TRAINING</p> <p>Each training program shall include, but not be limited to, the following:</p> <p>(b) Human development through the life cycle (birth to death);</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the Group Home for Mental Retardation (GHMRP) failed to ensure that staff received training.</p>	I 225	<p>THE PHYSICAL THERAPIST AND PODIATRIST NOW HAVE A CURRENT HEALTH CERTIFICATES ON FILE.</p>	5/5/08	

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I 225	Continued From page 5 The finding includes: On March 27, 2008 at approximately 2:30 PM, interview with the QMRP and the review of the in-service training records failed to reflect that the GHMRP failed to provide training in the area of Human Development.	I 225	<u>I225</u> TRAINING ON HUMAN DEVELOPMENT IS SCHEDULED FOR 5/16/08.	5/5/08	
I 229	3510.5(f) STAFF TRAINING Each training program shall include, but not be limited to, the following: (f) Specialty areas related to the GHMRP and the residents to be served including, but not limited to, behavior management, sexuality, nutrition, recreation, total communications, and assistive technologies; This Statute is not met as evidenced by: Based on interview and review of training documents, the GHMRP failed to provide evidence to validate staff training as indicated by residents' need. The findings include: Interview and the review of the in service training records on March 27, 2008, the GHMRP failed to provide training on nutrition and communication.	I 229	<u>I229</u> INSERVICE TRAINING ON NUTRITION AND COMMUNICATION IS SCHEDULED FOR 5/08. ILS WILL CONTINUE TO ENSURE THAT TRAININGS ARE DONE AS INDICATED BY NEEDS OF ALL RESIDENTS.	5/16/08	
I 232	3510.5(i) STAFF TRAINING Each training program shall include, but not be limited to, the following: (i) Training of the residents in the maintenance of oral health and hygiene.	I 232			

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I 232	Continued From page 6 This Statute is not met as evidenced by: Based on staff interview and record review, the Group Home for Mental Retardation (GHMRP) failed to ensure that staff received training. The finding includes: On March 27, 2008 at approximately 2:30 PM, interview with the QMRP and the review of the in-service records failed to provide oral health and hygiene training to the direct care staff.	I 232	<u>I232</u> TRAINING ON ORAL HEALTH AND HYGIENE IS SCHEDULED. FOR 5/16/08. ILS WILL CONTINUE TO ENSURE THAT STAFF RECEIVE ALL TRAININGS AS REQUIRED.	5/16/08	
I 332	3517.10 ADMISSION POLICIES PROCEDURES At admission or commitment, each GHMRP shall secure for each resident an Individual Habilitation Plan, which is developed in accordance with D.C. Code § 6-1943 (1989 Repl. Vol.). This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to have a current Individual Support Plan on file for review for one of the six residents residing in the facility at the time of the survey. The finding includes: Interview with the Qualified Mental Retardation Professional (QMRP) and the Nursing Coordinator on March 27, 2008 at approximately 2:30 PM, revealed that Resident #6 did not have a current Individual Support Plan (ISP) for implementation. Further interview revealed that the plan was scheduled to be being developed within the next few week by a consultant provider with the Developmental Disability Services.	I 332	<u>I332</u> ISPS ARE ARRANGED TO BE DONE BY ACONSULTANT PROVIDER BY DDS CASE MANAGER. RESIDENT #6 ISP MEETING WAS HELD ON 4/29/08. ILS WILL CONTINUE TO WORK WITH DDS CASE MANAGER TO ENSURE TIMEY L SCHEDULED AND COMPLETION OF ALL RSEDENTS ISPS.	5/5/08	

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I 332	Continued From page 7 Record verification revealed that Resident #6 was admitted into the facility in February 2008 approximately two months ago.	I 332		
I 335	3517.13 ADMISSION POLICIES PROCEDURES Each Individual Habilitation Plan shall be used by all staff that plan, provide, or evaluate services for the resident. This Statute is not met as evidenced by: Based on observation, interview and record review the facility failed to ensure that a Individual Habilitation plan was developed to include appropriate mobility for one of the resident's residing in this facility. (Resident #6) The finding includes: Observation on March 26 and March 27, 2008 revealed Resident #6 was being assisted by the direct care staff when navigating throughout the group home. Further observation revealed he uses a cane for mobility as well. Interview with the direct care staff revealed that Resident #6 was blind and was in need of assistance for mobility since the facilities layout is unfamiliar. Interview with the Qualified Mental Retardation Professional (QMRP) revealed that the agency provided hand rails throughout the main level of the facility to assist Resident #6 with his mobility. According to the QMRP, no formal blind mobility assessment has been completed to to assess his functional mobility needs for support recommendations. Reportedly, Resident #6 enjoyed being able to continue his independent	I 335		
			<u>I335</u> FORMAL BLIND MOBILITY ASSESSMENT WAS RECOMMENDED AT CLIENT #6 ISP MEETING ON 4/29/08. QMRP WILL WORK WITH DDS CASE TO ENSURE THAT REFFERALS ARE MADE FOR THE AFFORMENTIONED ASSESSMENT AND COMPLETED IN A TIMELY MANNERS.	5/16/08

HFD12-0078

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B. WING

03/27/2008

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1335

Continued From page 8

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skills as much as possible. It should be further noted that Resident #6 was transfer to this facility in February 2008.

1399

3520.2(i) PROFESSION SERVICES: GENERAL PROVISIONS

1399

Each GHMRP shall have available qualified professional staff to carry out and monitor necessary professional interventions, in accordance with the goals and objectives of every individual habilitation plan, as determined to be necessary by the interdisciplinary team. The professional services may include, but not be limited to, those services provided by individuals trained, qualified, and licensed as required by District of Columbia law in the following disciplines or areas of services:

(i) Speech and language therapy; and...

This Statute is not met as evidenced by:
Based on interview and record review of the consulting professional records the GHMRP failed to have current Speech Language license on file in the facility.

The finding includes:

Interview with the Residence Director and review of the personnel files on March 27, 2008 at 1:50 PM failed to evidence that the Speech Language Therapist has a current license on file.

1399

THE SPEECH THERAPIST
IS AN OUTSIDE PROVIDER
AND WAS REFERRED BY DDS
TO COMPLETE AN ASSESSMENT
ON CLIENT #1. ILS WILL WORK
WITH DDS TO OBTAIN HER
LICENSE.

5/16/08

1401

3520.3 PROFESSION SERVICES: GENERAL PROVISIONS

1401

Professional services shall include both diagnosis and evaluation, including identification of

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1401	<p>Continued From page 9</p> <p>developmental levels and needs, treatment services, and services designed to prevent deterioration or further loss of function by the resident.</p> <p>This Statute is not met as evidenced by: Based on interview and record review the GHMRP failed to provided diagnosis, evaluation, treatment services and necessary follow up service to prevent deterioration or further loss of functioning for each resident in the facility.</p> <p>The finding includes:</p> <p>On March 27, 2008 at approximately 4:00 PM, interview with the QMRP revealed that an Speech Language Assessment had been completed on Resident #1 as a part of the comprehensive functional assessment. Review of the reported dated February 6, 2008 included the following recommendations:</p> <ol style="list-style-type: none"> 1. The client to recieve a modified barium swallow to rule out liquid dysphgia; 2. The client to recieve consistent food texture, manage small bites size foods, chopped texture encourages rapidity. Avoid providing whole breads/buns; 3. The client may benefit from a plate riser as he leans his face down into his plate to scoop rapidly; 4. The client to receive an assessment on the type of plate - high low or plate guard to be used during meals; 5. The client would benefit from a feeding protocol for his to enjoy in safe manangement of 	1401	<p><u>1401</u></p> <p>IN THE NEAR FUTURE ILS WILL ENSURE THAT ALL RECCOMENDATIONS ARE COMPLETED AS ORDERED IN A TIMELY MANNER FOR ALL RESIDENTS.</p> <p>1. MODIFIED BARIUM SWALLOW STUDY WAS DONE IN 4/08 AND AWAITING RESULT.</p> <p>2. MODIFIED SWALLOWING WASD DONE. THE RESULT WILL DETERMINES THE CONSISTENCIES IN FOOD TEXTURE FOR CLIENT#1. CURRENTLY CLIENTS #1 RECEIVES CHOPPED TEXTURE AS RECCOMMENDED IN PHYSICIAN ORDER.</p> <p>3. OT ASSESSMENT WAS BEEN COMPLETED IN 3/08 FOR CLIENT #1 AND RECCOMMENDATION INCLUDES A PLATE RISER. ILS IS WORKING ON GETTING THE PLATE RISER.</p> <p>4. OT ASSESMENT WAS COMPLETED IN 3/08 AND PLATE GUARD IS RECCOMMENDED. CLIENT #1 IS CURRENTLY USING A PLATE GUARD.</p>	<p>5/5/08</p> <p>5/5/08</p>	

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1458	Continued From page 12 1. Interview with the direct care staff and review of Resident #1's Individual Program Plan (IPP) on March 27, 2008 did not revealed a current daily activity schedule detailing his IPP. 2. Interview with the direct care staff and review of Resident #6's Individual Program Plan (IPP) on March 27, 2008 did not revealed a current daily activity schedule detailing his IPP.	1458	2. DAILY ACTIVITY SCHEDULE FOR RESIDET #6 HAS BEEN DONE TO REFLECT DETAILING OF HIS IPP. ILS WILL ENSURE THAT ALL RESIDENTS DAILY ACTIVITY ARE DONE TO REFLECT DETAILING OF THERE IPP.	5/5/08	
1472	3522.3 MEDICATIONS The physician who identifies the self-administration of medications as a goal for a resident shall develop and monitor the plan for implementation. This Statute is not met as evidenced by: Based on interview and record review the GHMRP failed to ensure that a self-medication objective was developed and implemented for three of the three resident's in the sample. The finding includes: Observation of the medication pass on March 26, 2008 at approximately 5:40 PM revealed that through-out the pass the nurse identified Resident #1, #2 and #3 participation in the administration as self-medication objectives. Interview with the QMRp and the nursing coordinator on March 26, 2008 at 11:00 Am revealed that the physician had not been made aware of these self-medication objective. Review of the Health Management Care Plan, the current physician orders and the habilitation records failed to provide evidence that a self-medication assessment had been completed. At the time of the survey it was unclear as to how	1472	<u>1472</u> SELF MEDICATION ASSESSMENT WILL BE COMPLETED BY THE RN TO ENSURE THAT THE OBJECTIVE BEING IMPLEMENTED WERE APPROPRIATE FOR EACH RESIDENT FUNCTIONING LEVEL AND WILL BE IMPLEMENTED FOR ALL RESIDENTS	5/16/08	

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1472	Continued From page 13 these self-medication objective being implemented were appropriate for each resident functioning level.	1472		5/5/08	